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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18432 35

Registration District No. 561 Primary Registration District No. 5755A Registrar's No. # 34

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County MILLER
(b) City or town ETTERVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MILLER 61
(c) City or town ETTERVILLE 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY MILDA RUSSELL

3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAN F. RUSSELL
6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL (Month) 3 (Day) 1862 (Year)

8. AGE: Years 79 Months 1 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Moniteau Co. Mo

FATHER
12. Name SHELVY BOND
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANGELINE HALE
15. Birthplace Moniteau (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. Richard Miller
(b) Address Etterville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation SPRING GARDEN

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Mo.

19. (a) 6-2-1941 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1
year 1941 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Feb 1, 1941
that I last saw her alive on 5/30, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1/1/41
Due to Senility	2
Due to 93	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 49
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. D. Wallis (M. D. or other) 0
Address Eldon Mo Date signed 6/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't
County File Number 41-71
Date Filed 6/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by L. D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

This body was not embalmed.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.